CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on April 6, 2005

Jeannie Camara

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(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION Attorney Docket No. SUN-P6438-RSH

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE	PATENT APPLICATION OF)
) Examiner: Tang, Kuo Liang J.
Laurer	nt P. Daynes et al.)
) Group Art Unit: 2122
Serial	No. 10/010,057)
)
Filing Date: December 4, 2001)
)
Title:	METHOD AND APPARATUS FOR)
	REMOVING CLASS INITIALIZATION)
	BARRIERS FROM SHARED COMPILED)
	METHODS)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: AF Assistant Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- [x] Response under 37 C.F.R. § 1.111 to official action mailed March 25, 2005.
- [] A petition for extension of time is also enclosed with a fee of \$55.00 for a onemonth extension for a small entity.
- [] Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - [] 2 certificates under 37 C.F.R. § 3.73(b).
- [] Information disclosure statement, form 1449 and ___ references.
- [x] No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

A M E N D E D C L A I M S							
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE		
Total Claims		MINUS = 20	0	x \$18 =			
Independent Claims		MINUS = 3	0	x \$78 =	·		
If Amendment adds multiple dependent claims, add \$260.00							
Total Amendment Fee If small entity status is claimed, subtract 50% of Total Amendment Fee							
TOTAL ADDITIONAL	\$0.00						

[]	A check in	the amount of \$	is enclosed.
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Respectfully submitted,

By

Edward J. Grundler Registration No. 47,615

Date: April 6, 2005

^[] Charge \$___ to Deposit Account No. ___ (Docket No. ___).

[[]x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P6438).